

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/529,262 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								52					
3		12						53					
4	①	1						54					
5		④						55					
6	②	1						56					
7		④						57					
8	①	1						58					
9		⑥						59					
10	③	1						60					
11		10						61					
12	①	1						62					
13		12						63					
14	1		10					64					
15		②	1					65					
16		12						66					
17	①	1						67					
18		④						68					
19	①	1						69					
20		⑥						70					
21	1							71					
22		1						72					
23		12						73					
24	①	1						74					
25		10						75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	3							TOTAL IND.					
TOTAL DEP.	22	←		↓		↓			↓		↓		↓
TOTAL CLAIMS	25							TOTAL DEP.		←	←	←	
								TOTAL CLAIMS					